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SERIAL NUMBER:	09 / 786537	RECEIPT DATE:	03 / 05 / 01
IA NUMBER:	PCT/ EP00 / 06436	IA FILING DATE:	07 / 07 / 00
FAMILY NAME:	HORNDL	DELAY WAIVED (Y/N):	N
GIVEN NAME:	MANFRED	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	07 / 08 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PHO 99-531	COUNTRY:	
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STATE/COUNTRY:	NY	ZIP:	10519
EMAIL:			
APPLICATION TITLES:			
	FOOT SWITCH FOR A COMUTER		

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CONFIRMATION NO. 1512

SERIAL NUMBER 09/786,537	FILING DATE 03/05/2001 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. PHO-99-531	
APPLICANTS Manfred Horndl, Horn, AUSTRIA;					
** CONTINUING DATA ***** This application is a 371 of PCT/EP00/06436 07/07/2000					
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 99890234.0 07/08/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Michael Lewis</i> Examiner's Signature Initials		STATE OR COUNTRY AUSTRIA	SHEETS DRAWING 3	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
ADDRESS 24737					
TITLE Foot switch for a computer					
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 1512

SERIAL NUMBER 09/786,537	FILING DATE 03/05/2001 RULE	CLASS 704	GROUP ART UNIT 2641	ATTORNEY DOCKET NO. PHO-99-531	
APPLICANTS Manfred Horndl, Horn, AUSTRIA; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP00/06436 07/07/2000 ** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 99890234.0 07/08/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY AUSTRIA	SHEETS DRAWING 3	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
ADDRESS Philips Electronics North America Corporation 580 White Plains Road Tarrytown, NY 10591					
TITLE Foot switch for a computer					
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		